ţ	SCHEDULE C (Form 5500)		S	Ser	vic	е	Pro	ovic	ler	Inf	or	ma	atio	on					C			Use (. 121	Only 0-0110
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	Department of Labor Benefits Security Administration n Benefit Guaranty Corporation	File as an attachment to Form 5500.						This Form is Open t Public Inspection.															
	endar plan year 2003 I plan year beginning			/			Y	Y	Y١		e	and	endi	ng				/			/	Y	YY
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Schedule C (Form 5500) 2003

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Name			
Employer identification number (see instruct	ions)		
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Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	n	(g) Nature of service code(s)
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